

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9622</u>	2 Fiscal Year Covered From <u>1</u> / <u>01</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>ANTHONY</u> <u>SPATARO</u> P O Box Bldg Room No If any Street <u>101 W 4TH AVE</u> City <u>NEW YORK</u> State <u>NEW YORK</u> ZIP Code + 4 <u>10013</u>	4 Name file number and address of labor organization Name <u>SEIU LOCAL 326J</u> Labor Organization File Number <u>011601</u> P O Box Building and Room Number If any Street <u>121 W 4TH AVE</u> City <u>NEW YORK</u> State <u>NEW YORK</u> ZIP Code + 4 <u>10013</u>
5 Position in labor organization <u>DIST CHAIRMAN</u> <u>DIST SUPERVISOR</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No If any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income 7 b Amount

Signature

15. Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)		
Signed <u>Anthony Spataro</u>	On <u>7-28-09</u> Date	<u>1-212-388-7905</u> Telephone Number

Name of Person Filing ANTHONY SPATARO	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name BUILDING SERVICE 32 AT THOMAS SHORTHAN TRAINING SCHOLARSHIP & SAFETY FUND Trade Name if any _____ P O Box Bldg Room No if any _____ Street 101 AVE OF THE AMERICAS City NEW YORK State NEW YORK ZIP Code + 4 10013	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input checked="" type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name _____ Trade Name If any _____ P O Box Bldg Room No If any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11 a Nature of such dealing THE BUSINESS IS A TRUST MANAGED BY BUILDING SERVICE 32 AT THOMAS SHORTHAN TRAINING SCHOLARSHIP & SAFETY FUND WHICH PROVIDES BENEFITS TO EMPLOYEES UNDER COLLECTIVE BARGAINING AGREEMENTS BETWEEN THE UNION AND HUNDREDS OF EMPLOYERS IN N.Y. REAL ESTATE AND EMPLOYERS & UNION MAKE CONTRIBUTIONS TO FUND AND UNION OFFICERS ARE FUND PARTICIPANTS 11 b Approximate dollar value of such dealing DO NOT KNOW 12 a Nature of interest held or income received ATTENDED ANNUAL FUND LUNCHEON HONORING PARTICIPANTS PROVIDED SCHOLARSHIPS 12 b Amount \$115

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relation Consultant (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Name of Person Filing

ANTHONY SPATARO

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name BUILDING SERVICE 32 BT HEAVY FUND

Trade Name if any

P O Box Bldg Room No if any

Street 101 AVENUE OF AMERICA

City NEW YORK

State NEW YORK ZIP Code + 4 10013

9 Business deals with



a Labor Organization



b Trust



c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

THE BUSINESS IS A TAX-EXEMPT BENEFIT FUND THAT PROVIDES BENEFITS TO EMPLOYEES UNDER A COLLECTIVE BARGAINING AGREEMENT BETWEEN THE UNION AND EMPLOYERS OF EMPLOYEES IN THE NEW YORK REAL ESTATE INDUSTRY. THE EMPLOYERS MAKE CONTRIBUTIONS TO THE FUND.

11 b Approximate dollar value of such dealing

\$ 75

12 a Nature of interest held or income received

ATTENDED BOARD OF TRUSTEES MEETING AT WHICH LUNCH WAS SERVED

12 b Amount

\$ 27

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relation Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer or Consultant ?

14 b Amount of payment.